-		$\overline{}$	TERMINATION OF DE				
200		VSFI 1'y		JBLIC HEALTH AND SOCIAL SE OF ENVIRONMENTAL HEALTH	RVICES		
E A P				LD CARE FACILITY			
	y			PECTION REPORT			
REA	ASON	GRADE	Inspection Date:	ESTABLISHMENT NAME:			
Regular	301.	4 0	08/07/2018	TAMUNING DAY CARE	AND LET	iosbag c	PRITER
Follow-Up	g g		Time In/Out:	OWNER/OPERATOR:	111-2	(Jack out 1	0010.
Complain	nt		2:30m 3:10em	CRISOSTOMO, TRACY			
Investigat	tion	RATING				hment Type:	
Other:		A	Sanitary Permit No.:	TAMUNING		CINUKSI	
	31	FA				emporary	Expired
			Female 552 Total	Child Care License: No.: 180188			
The fo	ollowing it	tems identify	y violations found this da	ay in the operations and facilities w	hich must h	oe corrected	by the next
inspection	Or Soone	# as the De⊦ ⇒ written	partment indicates. Inote	n-compliance may result in downgr st be submitted before the indicated	rading or pe	∍rmit suspen	ision. To appear
ITEM*		th with the		St be submitted before the indicated	J COHECTO		CORRECT BY
	A 050	2.41 A.D				DLIVIE	COPTINE OF D.
				CONDUCTED TODAY . PI			
<u> </u>	INSPECT	11011 104	TTED 05/109/20	018 RESULTED IN A GRA	195/R4TH	NG.	
	OF O	JA. TH	, ,	ERE OBSERVED TODAY:	7.		
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	f ,	- Arts out	The state of the s				
	NO V	Orafina	ns were obse	ORNED	#U9 /		
	POSTED	O PLACA	ARD "A" NO.	02050 ON BULLETIN BOA	ARD.		
	THOTOS	C WHIE			7-7		
	T - 100 / 10			Wall made Apience			
	Usan	८१६०	IHIS Lackow!	WITH TRACT CRISOST	omo,		
	-	24-		DIRECTOR.	77		
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				11年		-	
							A TRACTURE
			-W. Well.				
15		34 II 2010	Let Harry College	50-61	III EURSE	THE PERSON	
					VISI,X		
I hav	e read ar	nd underst	and the above violatic	on(s) and I am aware of the cor	rrective mo	easures to	he taken.
				Received By (Name & Title)):		
	above, the	ney shall be	e corrected within	TRACE	i CRISO	57mo	Director
	10 days	s of this ins		DEH Inspector (Name & Title	(e):	1	
(2) (4) (6)	1. (14), (21)	(), (23), (24),	, (27), (28), (39) & (40),	V. RAIMILLIND PIPHO	+ (1	1 200	0070